

(This form is required for any Firefighter level OR Hazardous Materials Technician examination.)

MASSACHUSETTS FIRE TRAINING COUNCIL

MEDICAL AUTHORIZATION FOR CERTIFICATION

NAME_____ DATE____/____/____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

PHONE_____

The above named applicant for Fire Service Certification in the Commonwealth of Massachusetts has no known medical or physical conditions which would prevent participation in any or all of the physical activities which may be required by the practical skills demonstration portions of NFPA 1001 or NFPA 472.

PHYSICIAN'S SIGNATURE

DATE

OR

CHIEF OF DEPARTMENT SIGNATURE

DATE